

**CALIFORNIA STATE FIRE MARSHAL
FIRE EXTINGUISHER CONCERN
SERVICE VEHICLE VERIFICATION**



Concern Name:

Concern License Number#:

VEHICLE 1:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:
VEHICLE 2:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:
VEHICLE 3:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:
VEHICLE 4:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

VEHICLE 5:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:
VEHICLE 6:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:
VEHICLE 7:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:
VEHICLE 8:
Year/Make/Model:
VIN #:
License #: Exp:
Registered Owner:
Address:
City, State, Zip:
Legal Owner:
Insurance Co.:
Insurance expires:

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